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TRANSMITTAL FORM	Application Number Filing Date First Named Inventor Art Unit	10/776,112  February 11, 2004  Vincent C. Conzola  2876
(to be used for all correspondence after initial for the submission of Pages in This S	Examiner Name  Attorney Docket Number	Daniel A. Hess  RPS920030163US1
Fee Transmittal Form Fee Attached  Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on  Remarks	Status Letter  Other Enclosure(s) (please Identify below):  Return Postcard  CD
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Kelly K. Kordzik	2-2-05	Reg. No. 36,571

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Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$

(\$) 110.00	
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Complete if Known						
Application Number	10/776,112					
Filing Date	2/11/2004					
First Named Inventor	Vincent C. Conzola					
Examiner Name	Daniel A. Hess					
Art Unit	2876					
Attorney Docket No.	RPS920030163US1					

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)						
✓ Check Credit card Money Other None			3. ADDITIONAL FEES						
✓ Deposit Account:			<u>Large</u>	Entity					
Deposit	l coodine.	00.0400		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Account Number		23-2426		1051	130	2051		Surcharge - late filing fee or oath	
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Name The Director is authorized to: (check all that apply)			1053	130	1053	130	Non-English specification		
Charge fee(s) indicated below Credit any overpayments			1812	2,520	1812	2,520	For filing a request for ex parte reexamination		
Charge any additional fee(s) or any underpayment of fee(s)			1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
to the above-id	<u>'</u>	LCULATION		1251	110	2251	55	Extension for reply within first month	110
1. BASIC FI		LCOLATION		1252	430	2252	215	Extension for reply within second month	
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	<u>Fee Fee Fe</u> Code (\$)	ee <u>Description</u> Fe	ee Paid	1254	1,530	2254	765	Extension for reply within fourth month	
	* *	Utility filing fee		1255	2,080	2255	1,040	Extension for reply within fifth month	<del></del>
1002 350		Design filing fee		1401	340	2401	170	Notice of Appeal	
1003 550	2003 275	Plant filing fee		1402	340	2402	170	Filing a brief in support of an appeal	
1004 790	2004 395	Reissue filing fee		1403	300	2403	150	Request for oral hearing	
1005 160	2005 80	Provisional filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
ļ	SU	BTOTAL (1) (\$) 0		1452	110	2452	55	Petition to revive - unavoidable	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			1453	1,370	2453	685	Petition to revive - unintentional		
Z. EXTRA C		Fee from		1501	1,370	2501		Utility issue fee (or reissue)	
Total Claims			Fee Paid	1502	490	2502		Design issue fee	
Independent 6xx - V		1503	660	2503		Plant issue fee			
Claims Multiple Deper			-	1460	130	1460		Petitions to the Commissioner	
Large Entity			1807	50	1807		Processing fee under 37 CFR 1.17(q)		
Fee Fee	Fee Fee	Fee Description		1806	180	1806		Submission of Information Disclosure Stmt Recording each patent assignment per	
Code (\$) 1202 18	Code (\$) 2202 9	Claims in excess of 20		8021	40	8021	1 40	property (times number of properties)	
1202 18	2202 9	Independent claims in exce	ss of 3	1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1203 300	2203 150	Multiple dependent claim, if	not paid	1810	790	2810	395	For each additional invention to be	
1204 88	2204 44	** Reissue independent cla over original patent	ims	1801	790	2801	395	examined (37 CFR 1.129(b))  Request for Continued Examination (RCE)	
1205 18	2205 9	** Reissue claims in excess and over original patent	of 20	1802	900	1802	900	•	
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SUBMITTED BY

(Complete (if applicable))

Name (Print/Type)

Kelly K. Manazik

Registration No. (Attornev/Agent)

Signature

(Complete (if applicable))

Telephone 512.370.2851

Date 2-2-0-5

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